

## STUDENTS WITH UNIQUE CONCERNS

District:		School Year 2007-2008				Monitor:	
		TRANS	FER S	TUDEN <sup>-</sup>	ГS		
Has the district had district or from anoth (If yes, please ident	her state in th	ne currer	nt scho	ol year?		n another Montana scho YesNo pages.)	ol
Special Education Teacher / Speech- Language Pathologist	Student N		Initials	Birthdate	Gender	Note here if transfer was In-state (IS) or Out-of-state (OS)	OPI Use Only

SURROGATE PARENTS								
	Has the district used surrogate parents during the current or previous school year?							
Yes	No							
(If yes, please identi	fy these students bel	ow or	on additi	ional p	pages.)			
School Building	Student Name	Initials	Birthdat e	Gender	Special Education Teacher / Speech- Language Pathologist	OPI Use Only		

PRIVATE SCHOOLS								
Does the district currently provide special education and related services to students who are enrolled in private schools, including students who are home schooled? Yes No (If yes, please identify these students below or on additional pages.)								
School Building	Student Name	Initials	Birthdat e	Gender	Special Education Teacher / Speech- Language Pathologist			

AVERSIVE TREATMENT PROCEDURES								
Does the district currently use aversive treatment procedures (as defined in ARM								
10.16.3346) with stu					Yes No			
(If yes, please identi	<u>fy these students bel</u>	ow or o	on additi	onal p	pages.)			
School Building	Student Name	Initials	Birthdat e	Gender	Special Education Teacher / Speech- Language Pathologist			

	MANIFESTAT	ION D	ETERM	INATI	ON					
Has the district cond	lucted manifestation	determ	ination i	review	vs for students with disabilities					
during the current or previous school year? Yes										
No	•									
(If yes, please identif	fy these students bel	ow or o	on additi	ional p	pages.)					
School Building	Student Name	Initials	Birthdat e	Gender	Special Education Teacher / Speech- Language Pathologist					

S	USPENSION OF ST	UDEN	TS WITH	H DIS	ABILITIES			
Has the district suspended any students with disabilities for seven school days or more								
during the current or previous school year? Yes								
No								
(If Yes, please identi	fy these students be	low or	on addit	ional	pages.)			
School Building	Student Name	Initials	Birthdat e	Gender	Special Education Teacher / Speech- Language Pathologist			

EXPULSION OF STUDENTS WITH DISABILITIES								
Has the district expelled any students with disabilities for seven school days or more during								
the current school year? Yes No (If yes, please identify these students below or on additional pages.)								
School Building	Student Name	Initials	Birthdat e	Gender	Special Education Teacher / Speech- Language Pathologist			
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HIGI	H SCHOOL GRADU	ATES	DURING	S THE	PAST YEAR		
Has the district graduated high school students with disabilities with a regular high school							
diploma in the previous school year? Yes No							
(If yes, please identify these students below or on additional pages.)							
School Building	Student Name	Initials	Birthdat e	Gende	Special Education Teacher / Speech-	OPI Use	
		als	ndat	der	Language Pathologist	Use	

EXITED STUDENTS							
objectives of their IE	P during the current	or prev	ious sch	nool Y	result of having met the ear? These are studen services from a general	ts who	
educational program					· ·		
Yes	<del></del>		1.124		,		
(If yes, Please identi		low or	on addit	ional j			
School Building	Student Name	Initials	Birthdat e	Gender	Special Education Teacher / Speech- Language Pathologist	OPI Use Only	

		3-YI	EAR-OLI	D AN	D YOUNGER	CHILDREN			
Has the Part C (I	nfant and Toddle	r Progra	m) referr	ed ch	ildren for Part	B eligibility dete	mination prior to	the child to	ırning
age 3 in the curre			_ No						
(If yes, please ide	entify these stude	nts belo	w or on a	additio	onal pages.)				
School Building	Student Name	Initials	Birthdate	Gender	Date of Referral	Date Evaluation Plan Returned	Date of Initial Child Study Team meeting	Date of Initial IEP	Not Eligible
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## STUDENTS WHO HAVE HAD CST AND IEP MEETINGS DURING THE CURRENT SCHOOL YEAR

Please identify below all students who have had a Child Study Team and/or IEP meeting (annual or initial) during the current school year.

(You do not need to include students who were <u>initially evaluated</u> for special education services in the current school year and found to be <u>not eligible</u> for services under the IDEA. They are identified on the SWUC form.)

School Building	Student Name	Initials	Birthdate	Gender	Date of CST	Date of IEP	Special Education Teacher / Speech- Language Pathologist	Check here if it was an initial CST/IEP